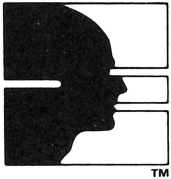
PLEASE VALIDATE MY PURCHASE OF YOUR PROGRAM.

_____

(Please print program name)

Purchased: (Date)_____ From: (Firm) _____

(Firm City) _____



This warranty card must be on file with Howard W. Sams as a condition for customer support.

How many disc drives do you own? 5¼"_____ 8"_____ Hard_____

Memory size?_____ K

Languages used, primary _____ secondary _____

Do you use CP/M? _____

I learned about Howard W. Sams software products through:

- ☐ Retail computer store
- ☐ Direct mail
- ☐ Electronic distributors
- ☐ Trade show
- ☐ Another source
- ☐ Users group
- ☐ Magazine ad
- ☐ Other

I read the following magazines:

_____

_____

Your name (Please Print) _____

Address _____

City _____ State _____ Zip _____

26651

PROPER
POSTAGE
REQUIRED FOR
DELIVERY

HOWARD W. SAMS & CO., INC.
4300 West 62nd Street
Indianapolis, Indiana 46268

ATTN: Software Development Department